

Supporting Immediate Disclosure Conversations in Alberta Health Services (AHS)

Expectations for immediate disclosure conversations

Immediate disclosure conversations involve communicating unexpected outcomes to patients and/or their families. AHS Disclosure of Harm Procedure indicates that disclosure should be done within 24 hours after a clinical adverse event (CAE). Disclosure of harm conversations are to be conducted with patients if there has been any degree of harm, if there is any risk of future harm, or if there is any change in patient care/monitoring. Disclosure is the right thing to do, and AHS staff and medical staff are encouraged to have these conversations with patients and/or their families.

Terminology in AHS

At AHS, a *clinical adverse event* is an unintended injury or complication arising from health care and may range from dissatisfaction with health care management to a change in patient care, disability or even death. *Never events* are a unique subset of CAEs, considered clinically serious regardless of patient outcome because AHS has adopted evidence-based interventions to prevent them from occurring. All CAEs should be managed as per the Patient Safety Policy Suite and should be disclosed.

Close calls mean the incident has the potential for harm but did not reach the patient. *No apparent harm events* are ones that reach the patient but no obvious, immediate harm results. In both of these instances, disclosure is discretionary but should be disclosed if it is thought that the patient would benefit or would want to know.

Contributing to a culture of patient safety – the AHS Patient Safety Policy Suite

Immediate management should address

- the needs of the patient (including disclosure)
- the needs of staff and medical staff close to the event
- environmental safety for patients and staff including securing and removing medical devices and medications that may have contributed to the CAE
- notify the most responsible healthcare practitioner (MRHP) and accountable leader
- initiate disclosure of harm conversation with the patient
- document the CAE and response, including reporting in the Reporting Learning System (RLS)
- handover of CAE management to the accountable leader if ongoing management is required
- support improvement initiatives and mitigate risk to improve patient safety
- know where to seek assistance if uncertain how to proceed.

Getting help at AHS- you are not alone

Depending on the nature of the event, you can consult any or all of the following for support or guidance.

- Manager/Administration on Call
- Accountable Leader(s)
- [Disclosure Support Consultants](#)
- [Canadian Medical Protective Association](#)
- Employee, Medical Staff & Midwifery Supports
- Most Responsible Healthcare Provider (MRHP)
- [AHS Patient Safety Department](#)
- Workplace Health and Safety
- [Patient Relations Department](#)

Privacy and identification of other patients and involved staff

AHS will not disclose to patients the identity of other patients who may have been involved in the same event, without the permission of those other patients.

AHS cannot discuss any administrative measures taken concerning staff or medical staff without their consent.

Documentation

Disclosure discussions will be documented in the health record by the person who leads the discussion. Documentation includes the following

- date, time and location of meeting
- who was present
- facts presented and by whom
- offers of support to the patient
- questions raised by the patient and responses provided and by whom
- care and treatment discussed and provided
- requests to review the patient's health record
- follow-up plan presented
- the designated patient spokesperson
- list of any outstanding questions from the patient
- details of any telephone calls (time, date, by whom, reason for contact and if contact was made, if a telephone message was left, the name with whom the message was left.)

Adapted from AHS Recognizing and Responding and Learning from Hazards, Close Calls and Clinical Adverse Events Policy (#PS-95), AHS Immediate and Ongoing Management of Clinical Adverse Events Procedure (#PS-95-02), & AHS Disclosure of Harm Procedure (#PS-95-01)

How does AHS improve the quality of care?

Healthcare providers have a responsibility to support improvement initiatives and mitigate risk to improve patient safety. Depending on what has happened, different approaches to improve quality of care are available:

- AHS Quality & Healthcare Improvement Teams
- Accreditation
- Engagement & Patient Experience
- [eSim](#)
- Improving Health Outcomes Together (IHOT)
- Quality & Patient Safety Education (QPSE)
- Process improvement
- Provincial Patient Safety
- Patient Relations Department
- [Learning from CAEs & Just Culture](#)
 - [Quality Assurance Review](#)
 - [Patient Safety Review](#)
 - [Educational Case Rounds](#)
- Patient Safety Alerts, Safer Practice Notices & Patient Safety Memos
- [Human Factors Evaluation](#)
- Administrative Review (Performance Review)

Healing the healers - support for providers

The mental well-being of all AHS staff, physicians, midwives, students and volunteers is an important component of AHS's Clinical Adverse Event Management. The impact of being involved in an event where patients have suffered harm, whether avoidable or not, can have a significant impact on one's professional and personal life. Staff are encouraged to seek support and assistance. Managers can also call for advice on the best way to support individuals and teams.

Contact numbers for confidential help

- AHS staff and their immediate family members can access confidential support through the [Employee and Family Assistance Program](#) (EFAP) at 1-877-273-3134.
- Physicians and Residents have access to the AMA Physician and Family Support Program at 1-877-SOS-4MDS.
- Managers can schedule Crisis Management Services through EFAP by calling 1-877-273-3134.
- Midwives can access to the Alberta Association of Midwives by calling 1-866-418-3773, Ext. 2262 (for non-urgent issues) and Ext. 2265 (for urgent issues)
- Volunteers and Students can contact Workplace Health & Safety at wellness@ahs.ca.

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